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FACSIMILE COVER SHEET

TO: Examiner C.O. Onuaku
USPTO - Group Art Unit 2616

FROM: Lock Sec Yu-Jahnes (Reg. No. 38,667)

RE: U.S. Patent Appln. No. 09/543,330
Attorney Docket: 00169.001658

FAX NO.: 571-273-8300

DATE: October 26, 2005 **NO. OF PAGES:** 33
(including cover page)

TIME: **SENT BY:**

MESSAGE

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P-27 Blank

In re Application of:

Docket No. 00169.001658

JULIE RAE KOWALD

Application No.: 09/543,330

Examiner: Christopher O. Onuaku

Filed: April 5, 2000

TC/Art Unit: 2616

For: AUTOMATED VISUAL IMAGE
EDITING SYSTEM

Date: October 26, 2005

Mail Stop: Amendment
The Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 67	MINUS	** 87	= 0	x \$25 \$50	\$0
INDEP. CLAIMS	* 6	MINUS	*** 6	= 0	x \$100 \$200	\$0
Fee for Multiple Dependent claims \$180°/\$360						\$0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

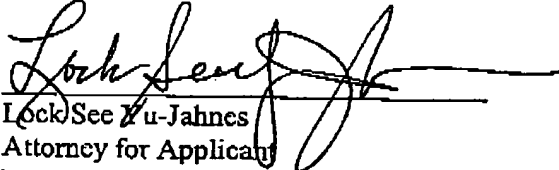
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*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$_____ to cover the fee for a _____-month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Lock See Yu-Jahnes
Attorney for Applicant
Registration No. 38,667

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00169.001658

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
JULIE RAE KOWALD) Examiner: C.O. Onuaku
Application No.: 09/543,330) TC/Art Unit: 2616
Filed: April 5, 2000)
For: AUTOMATED VISUAL IMAGE)
EDITING SYSTEM) October 26, 2005

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated July 26, 2005, the Examiner is respectfully requested to amend the above-identified application as follows:

- Amendments to the claims are presented in the listing starting on page 2; and
- Remarks are presented starting on page 23.

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(Date of Deposit)

Lock See Yu-Jahnes (Reg. No. 38,667)
(Name of Attorney for Applicant)

(Signature)

October 26, 2005
(Date of Signature)